## PART B - FEE(S) TRANSMITTAL

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23347 7590 05/28/2010 GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B482 FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
RESEARCH TRIANOLE FARK, NC 27709-5590					(Depositor's name)					
							(Signature)			
							-		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			ITOR A		RNEY DOCKET NO.	CONFIRMATION NO.	
10/650,608	0/650,608 08/28/2003		Jean-Pol Cassart			B45300-1 8978			8978	
TITLE OF INVENTION										
APPLN. TYPE	SMALL ENTITY		E FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$1510	\$300		\$0		\$1810	08/30/2010	
EXAM	ART UNIT		CLASS-SUBCLASS							
DAVIS, MI	1642		424-184100							
"Fee Address" indi PTO/SB/47; Rev 03-0. Number is required.  3. ASSIGNEE NAME AT PLEASE NOTE: Unle recordation as set forth	ondence address (or Chaidle) attached. cation (or "Fee Address' 2 or more recent) attach  ND RESIDENCE DATA ess an assignee is identiating in 37 CFR 3.11. Comp	(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name will THE PATENT (print o data will appear on the control of the control	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  E PATENT (print or type)  ta will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  B) RESIDENCE: (CITY and STATE OR COUNTRY)  S. A. RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropri									p entity Government	
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**	SMALL ENTITY status	s. See 37 (		☐ b. Applicant is no	longe	er claiming SMAL	L ENT	ITY status. See 37 CFF	R 1.27(g)(2).	
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Authorized Signature		Date								
Typed or printed name	ERICA	ON			Registration No	s. <u> </u>	15,941			
This collection of informa an application. Confidenti- submitting the completed this form and/or suggestion	tion is required by 37 CF ality is governed by 35 I application form to the	R 1.311. J.S.C. 12: USPTO.	The information 2 and 37 CFR 1 Fime will vary d be sent to the	n is required to obtain14. This collection is depending upon the ir Chief Information Of	or ret estin	ain a benefit by the nated to take 12 m lual case. Any con	e publicinutes	c which is to file (and to complete, including on the amount of time	by the USPTO to process) gathering, preparing, and e you require to complete ment of Commerce, P.O.	

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